FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form.

Urinary tract infection in children

Urinary tract infections (UTI) are common in children. UTIs are caused by a growth of germs (bacteria) in the bladder (where the urine is stored) and sometimes in the kidneys (where urine is filtered). An infection may make a child only mildly ill or very sick.

Symptoms in children over three years of age

The symptoms of a urinary infection in children over three years old are usually similar to adults. They may:

- Complain of pain while passing urine.
- Go to the toilet more often.
- Accidentally wet their pants.
- Wet the bed at night.
- Feel unwell.
- Lose their appetite.
- Have a high temperature.
- Lower tummy (Abdominal) or side of back pain

Symptoms in children under three and babies

Younger children and infants are different. They are unable to communicate their discomfort on passing urine and you may not notice them going more frequently to the toilet. They are often sick with a fever and may be irritable and unsettled. Young babies can be extremely unwell, because the infection can spread into the bloodstream (septicaemia).

Collecting a specimen

If your doctor suspects an infection, you will be asked to collect a urine specimen into a sterile (clean) container. The urine specimen is usually collected by catching some

of the urine when it comes out (although this can be pretty tricky, particularly in infants). If this can't be done, it may be necessary for the doctor to collect the urine sample by passing a fine tube into your child's bladder (where the urine is stored) via the urethra (the tube the urine comes out of) or by putting a needle into your child's bladder through the wall of the abdomen - just like having a blood test. The method of collecting a sample of urine using a stick-on collecting bag is NOT a reliable method, as urine samples collected in this way are often contaminated

Your doctor can check your child's urine immediately for signs of an infection. The urine will need to be sent to a laboratory for further testing (culture) and this may take up to 48 hours (2 days) to confirm the infection.

Treatment

After the urine has been collected, your child may be started on antibiotics. If antibiotics are started these may need to be changed once the urine results are known which may take up to 48hrs (2 days). Remember it is important always to complete the course of antibiotics which your doctor orders for your child. If your child is sick, they may be admitted to hospital where the antibiotics will be given intravenously through an "intravenous drip". Otherwise, three to seven days of antibiotics by mouth will usually kill the infection.







This document was last reviewed on 21 December 2017

© The Children's Hospital at Westmead, Sydney Children's Hospital, Randwick and Kaleidoscope Children, Young People and Families.

Tests

If the urine test confirms that your child has an infection, your doctors will discuss with you what further tests may be needed to look for any problems your child may have with their bladder or kidneys.

Some children will have an ultrasound scan. This is a simple and painless test much like the scans that some women have during pregnancy.

Your doctor may decide that your child should have a "DMSA" scan to look at kidney function and any possible damage to the kidney, and/or a bladder x-ray called an 'MCUG'. During the MCUG, a fine tube is passed into the bladder (see <u>MCU</u> fact sheet). The bladder is filled with fluid which shows up on the x-ray. This can be done by children's x-ray specialists or by paediatric urologists (kidney surgeons). The most common abnormal finding is called vesico- ureteric reflux. This means that urine travels back up the wrong way through the tube connecting the kidney to the bladder.

Care at home

Your doctor may recommend that your child stays on a low dose of antibiotic to try and prevent another UTI. This is often suggested for children who are still in nappies or who have had frequent UTIs.

It is possible that your child might get another UTI even if your child is on a low dose of antibiotics.

Prevention

Children who have had one UTI are more at risk of suffering further UTI's, especially girls. Some tips to help prevent infections include:

- Teach your daughter to wipe from front to back after going to the toilet
- Encourage your child to drink plenty of fluids, especially water as they grow up
- Encourage you child who is toilet trained to go to the toilet regularly
- Prevent constipation

If your teenage daughter is suffering from recurrent UTI's and she is sexually active, she should talk with her GP about additional preventive steps she can take.

Remember:

- Urinary tract infections are common in children.
- If your child is very sick and lethargic you need to seek urgent medical attention
- You need to see your doctor in the next 24 hours if your child develops any symptoms especially a fever with no other cause
- Your doctor will discuss with you any tests that may be needed following a UTI.